

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 6, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110 and 97124 rendered on dates of service 07-22-03, 07-23-03, and 07-24-03.

III. RATIONALE

Requestors' position statement received, 10-06-03, states in part "that CPT codes 97110 and 97124 can be billed together as they are not global to CPT code 97150 according to the 1996 MFG."

Respondents' position statement dated, 10-22-03, states in part "that according to the 1996 MFG: "If any of the procedures (97110-97139) are performed with two or more individuals, then 97150 is reported. Do not code the specific type of therapy in addition to the group therapy."

Code 97110 billed for dates of service 07-22-03, 07-23-03 and 07-24-03 was billed at \$70 (\$35 x2 units) per day. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

Code 97124 billed for dates of service 07-22-03, 07-23-03 and 07-24-03 was billed at \$28.00 per day. According to the physical medicine ground rules for modalities, CPT codes 97110-97139, if performed with two or more individuals then 97150 is reported. Requestor submitted additional documentation to support that the exercises, massage and group therapy were done at separate times during the session and therefore review will be in accordance with the 1996 MFG. Recommend reimbursement of \$28 x 3= \$84.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 97124 in the amount of **\$84.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$84.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of February 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division